

COMMITTEE ON EDUCATION AND THE WORKFORCE: Mrs. Handel.

COMMITTEE ON HOMELAND SECURITY: Mr. Estes of Kansas.

COMMITTEE ON THE JUDICIARY: Mrs. Handel.

COMMITTEE ON NATURAL RESOURCES: Mr. Gianforte.

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM: Mr. Gianforte.

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY: Mr. Norman.

COMMITTEE ON SMALL BUSINESS: Mr. Norman.

The resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1230

PROVIDING FOR CONSIDERATION OF H.R. 1215, PROTECTING ACCESS TO CARE ACT OF 2017

Mr. BUCK. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 382 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 382

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1215) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-10. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous

question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Colorado (Mr. BUCK) is recognized for 1 hour.

Mr. BUCK. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), my friend, pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BUCK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. BUCK. Mr. Speaker, I rise today in support of the rule and the underlying legislation.

House Resolution 382 will ultimately drive down healthcare costs and make care more affordable to millions of Americans across the country.

In 2017, we have had a conversation in America about how health insurance costs have drastically increased in the past 7 years. We need to fix our health insurance market, a task that House Members and Senators have been working hard on for the past few months, but if we are truly going to address out-of-control health insurance costs, we need to start looking at the cost of supplying care itself. That is where H.R. 1215, the Protecting Access to Care Act of 2017, plays a vital role. H.R. 1215 focuses on lowering the cost of care by placing checks and balances on the excessive and frivolous lawsuits faced by doctors and other healthcare providers.

A GAO report found that rising litigation awards are responsible for skyrocketing medical professional liability premiums. Unfortunately, these premium costs are passed on to the patient and, in many cases, are passed on to American taxpayers. The reforms in H.R. 1215 will make care more affordable for patients and will improve access to care, especially for rural Americans.

Over time, unending and excessive lawsuits have limited the amount of doctors nationwide, particularly in States that have not instituted their own reforms. With a string of frivolous lawsuits levied against our medical community, many Americans who would become doctors and practice in certain parts of the Nation simply decided against it.

The reforms in H.R. 1215 will especially help rural and underserved urban communities, where quality healthcare can be difficult to access. Incentivizing medical professionals to serve in communities that might otherwise be overlooked should be one goal of our healthcare reform efforts.

I know the healthcare challenges faced by so many in eastern Colorado, where access to quality care is sometimes limited. We need doctors who are willing to invest in these communities, but we need to empower these doctors by freeing them of frivolous and excessive lawsuits.

Beyond just access to care, the growth of frivolous malpractice lawsuits has led to a change in the way care is provided. Many providers are forced to practice defensive medicine. In doing so, doctors order unnecessary, excessive diagnostics not because the patient needs them, but because the doctor attempts to avoid a frivolous lawsuit. The practice of defensive medicine increases costs for the patient without providing any discernible benefit.

The legislation we are considering is key to increasing the affordability of care and the access to care for all Americans.

This bill is supported by the American Hospital Association and the American Academy of Family Physicians. The American Medical Association has also voiced their support.

But let me be clear: The bill before the House today does not limit access to justice for legitimately wronged or injured patients. It does not hamper a wronged patient from recovering damages for their injuries.

The bill simply imposes a \$250,000 cap on noneconomic damages, a provision that has worked well in California, where this legislation has already been successfully implemented and modeled for decades. But there is no cap on economic damages that a patient may incur in a malpractice situation, and the bill's cap does not preempt any State law that otherwise caps any form of damages at amounts either higher or lower than the cap in H.R. 1215.

The legislation also limits the contingency fees that lawyers can charge when bringing a malpractice case on behalf of a client. In other words, we don't want to incentivize lawyers to push forward with illegitimate cases. We want patients who have been wronged to have access to a fair trial, where they walk home with the winnings in their own pocket, not their lawyer's.

H.R. 1215 builds on the successes of medical malpractice reforms in States like California and Texas. In these States, similar laws have increased access to affordable medical care. They have created an environment where doctors can focus on helping patients rather than spending time in endless litigation and dealing with threats from the trial bar.

The legislation before us, while creating a uniform national playing field, protects State laws by allowing flexible reforms to be used at the discretion of States. State courts will still hear medical lawsuits as always.

The reforms at hand today deal with care that was provided or subsidized by the Federal Government, including through a tax benefit.

We must pass this legislation for the American taxpayer. The taxpayer doesn't deserve to have their hard-earned dollars simply end up in the pockets of trial lawyers due to frivolous lawsuits. That is why H.R. 1215 is a critically needed reform.

Unlimited and opportunistic lawsuits help no one except trial lawyers. Consequently, our doctors have to increase their costs and practice expensive defensive medicine, costing patients and taxpayers. And when our physicians are impacted, so are we.

Trial lawyers too often stand between patients and their doctors. With the looming threat of excessive, unending lawsuits, healthcare providers have to worry more about the trial lawyer at their door than the patient in their office. H.R. 1215 places important limits on these lawsuits so that the truly wronged are compensated without enriching trial lawyers at the same time.

I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I thank the gentleman for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to this rule today, one that provides for consideration of the Protecting Access to Care Act. This bill would significantly alter how families and patients that are injured as a result of medical error are able to hold healthcare providers, facilities, or device makers accountable to make sure that that same thing doesn't happen to other people.

This bill decreases patient safety. It undermines the ability of people who are wrongfully injured by medical malpractice or faulty medical devices to be compensated for their injuries, and it violates the 10th Amendment to our Constitution, the rights reserved to the States.

Before I turn to the merits, or lack thereof, of this bill, I want to discuss the process under which this bill came to the floor.

The Judiciary Committee, which has jurisdiction over this bill, had zero hearings on this legislation, heard from zero experts, and went straight to markup. Despite the overwhelming opposition to this legislation, the Judiciary Committee did not want to hear from groups like the American Bar Association, Patient Safety America, the National Disability Rights Network, or the National Protection Alliance.

When I see the American Bar Association, who the committee refused to hear from—I know my colleague from Colorado is an attorney. I just want to inquire of my colleague from Colorado if he is a member of the American Bar Association, and I yield to the gentleman.

Mr. BUCK. Proudly, no.

Mr. POLIS. Okay. Well, that is the association which many attorneys, excepting, of course, my friend from Colorado, are a member of.

The supporters of this bill point to its consideration in previous Con-

gresses for hearings, but we have over 50 new Members who didn't hear a word about this bill from any experts before it was rushed to the floor.

We are considering this bill under a very restrictive rule. That means there were 24 amendments filed. This rule only allows the House to debate and vote on five of them. That means 19 of them, amendments offered by Democrats and Republicans, were simply just tossed out in the Rules Committee. That is what this rule does.

If this rule were to pass, it would mean that the efforts of 19 Members to offer ideas to improve healthcare wouldn't even be allowed to be debated or voted upon here on the floor of this House. It is no coincidence that eight amendments filed by Democrats, and not one Democratic amendment was made in order. Only 5 out of 24 ideas from Democrats and Republicans were made in order.

One amendment filed by my colleague, Representative JACKSON LEE, would have provided an exception to the bill for any medical-related injury to a child, which seems like common sense. At least have a debate about it. If people disagree, let them disagree. Let's have a vote.

This rule continues this very closed process, where Democrats and Republicans are shut out of participating in the bills that appear fully formed without the opportunity for us to represent our districts and offer amendments to improve and make these bills better, to reduce costs, to improve the quality of care.

What I wonder, Mr. Speaker, is: Where is the open process promised by Speaker RYAN? This Congress hasn't even considered a single piece of legislation under an open rule, and we have had many, many bills brought to the floor under closed rules and without any committee hearings. But, you know, I am beginning to not be surprised so much anymore because secretiveness seems to be the standard that Republicans are setting in this Congress.

How the Republicans have handled their healthcare bill from start through now is a perfect example of the closed-door, secretive process that has become, tragically, the standard operating procedure for this Congress.

The Republican healthcare bill will increase healthcare costs, provide less coverage—22 million fewer people will be covered—increase costs for those who are lucky enough to keep their current coverage, and reduce access to healthcare for the American people. It puts a burden on small businesses, on the middle class, on rural healthcare providers, while handing hundreds of billions of dollars in tax breaks to big corporations and special interests.

TrumpCare is a billionaire's tax cut disguised as a healthcare bill, and it will be one of the largest transfers of wealth from the middle class and the working families to the top 1 percent of Americans. Effectively, it is removing

benefits from people in rural counties and cities across our country and giving those tax cuts mostly to people in New York and Hollywood. That is what Republicans are delivering with this bill.

When the American people were finally given the chance to see the Senate's healthcare legislation, the American people overwhelmingly rejected it. Only 16 percent of the American people approve of the plan. Democrats oppose it; Republicans oppose it; independents oppose it.

The Congressional Budget Office's recent score of the bill says that coverage will significantly decrease under this bill and that the costs of deductibles for patients will go up. Patients will have to spend more out of pocket, those that are lucky enough to even have insurance after this cruel bill.

But there is still time to stop it, and I call upon my colleagues to prevent this bill from moving forward.

The bill that Republicans are trying to ram through Congress is not truly meant to make improvements to our healthcare system but to take money away from the middle class and working families and put it into the pockets of a very few people who benefit from the tax cuts under this bill: for people making millions of dollars a year.

This bill makes it harder for middle-income families and for low-income families to access quality, affordable healthcare, makes it harder for individuals who have preexisting conditions or have genetic disorders or long-term diseases from accessing lifesaving medical attention, and cuts critical healthcare services for disabled children in schools that many of our school districts rely on. And they want to do this all with a closed process.

I offered three amendments to improve healthcare in our Education and the Workforce Committee. All were defeated on a partisan vote.

□ 1245

Every Republican voted not to allow those. No Democrat, as far as I know—certainly not me—has been invited to present our ideas to Republican leadership or President Trump.

Democrats have lots of ideas to improve the Affordable Care Act. I am sure many Republicans do, too. Those ideas are not reflected whatsoever in this bill or in the closed process that prohibits Republicans and Democrats from even offering our suggestions to improve this bill.

So, here we are, debating another piece of healthcare legislation that did not go through an open process. Democrats were shut out of the amendment process completely.

This bill would make it more difficult for victims of medical malpractice to seek or receive compensation for their injuries. It is inconsistent with the 10th Amendment, which reserves these rights to the States that are not enumerated in the

Constitution, and unlike the Democrats' approach to medical malpractice reform in the Affordable Care Act, which provided funding for pilot programs in the States to reduce the risk of medical malpractice liability consistent with the 10th Amendment. Many constitutional experts—I would add, many conservative constitutional experts—believe that this approach is unconstitutional because of the 10th Amendment.

We have learned that this bill does not actually protect access to healthcare but, instead, undermines a State-based tort system, making it more difficult for patients to be compensated from bad actors.

Mr. Speaker, I include in the RECORD a letter signed by over 60 national and State organizations opposed to H.R. 1215.

JUNE 12, 2017.

Re Groups Urge You to Vote NO on H.R. 1215.

Hon. Paul Ryan,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: The undersigned consumer, health, labor, legal and public interest groups strongly oppose H.R. 1215: The "Protecting Access to Care Act of 2017." This bill would limit the legal rights of injured patients and families of those killed by negligent health care. The bill's sweeping scope covers not only cases involving medical malpractice, but also cases involving unsafe drugs and nursing home abuse and neglect.

Even if H.R. 1215 applied only to doctors and hospitals, recent studies clearly establish that its provisions would lead to more deaths and injuries, and increased health care costs due to a "broad relaxation of care." Add to this nursing home and pharmaceutical industry liability limitations, significantly weakening incentives for these industries to act safely, and untold numbers of additional death, injuries and costs are inevitable, and unacceptable.

The latest statistics show that medical errors, most of which are preventable, are the third leading cause of death in America. This intolerable situation is perhaps all the more shocking because we already know about how to fix much of this problem. Congress should focus on improving patient safety and reducing deaths and injuries, not insulating negligent providers from accountability, harming patients and saddling taxpayers with the cost, as H.R. 1215 would do.

For example, this bill would establish a permanent across-the-board \$250,000 "cap" on compensation for "non-economic damages" in medical malpractice cases. Such caps are unfair and discriminatory. For example, University of Buffalo Law Professor Lucinda Finley has written, "certain injuries that happen primarily to women are compensated predominantly or almost exclusively through noneconomic loss damages. These injuries include sexual or reproductive harm, pregnancy loss, and sexual assault injuries." Also, "[J]uries consistently award women more in noneconomic loss damages than men . . . [A]ny cap on noneconomic loss damages will deprive women of a much greater proportion and amount of a jury award than men. Noneconomic loss damage caps therefore amount to a form of discrimination against women and contribute to unequal access to justice or fair compensation for women."

Other provisions in H.R. 1215 are just as problematic. The proposed federal statute of limitations, more restrictive than a majority of state laws, lacks complete logic from a deficit reduction angle since its only impact would be to cut off meritorious claims, forcing patients to turn to the government for care. The bill would repeal joint and several liability even though the Congressional Budget Office says this could increase, not lower, costs.

H.R. 1215 would overturn traditional state common law and would be an unprecedented interference with the work of state court judges and juries in civil cases. Its one-way preemption of state law provisions that protect patients (there are some exceptions) makes clear that the intent of this legislation is not to make laws uniform in the 50 states. Rather, it is a carefully crafted bill to provide relief and protections for the insurance, medical and drug industries, at the expense of patient safety. We urge you to oppose H.R. 1215: The "Protecting Access to Care Act of 2017." Thank you.

Very sincerely,

NATIONAL GROUPS

AFL-CIO; American Federation of State, County and Municipal Employees (AFSCME); American Federation of Teachers; Aging Life Care Association; Alliance for Justice; Alliance for Retired Americans; American Association for Justice; American Association of Directors of Nursing Services; American Association of Nurse Assessment Coordination; Annie Appleseed Project; Autistic Self Advocacy Network; Brain Injury Association of America; Center for Independence; Center for Justice & Democracy; Center for Medicare Advocacy; Christopher & Dana Reeve Foundation; Communication Workers of America; Consumer Action; Consumer Federation of America; Consumer Watchdog.

Daily Kos; Families for Better Care; Gerontological Advanced Practice Nurses Association; Hartford Institute for Geriatric Nursing; Homeowners Against Deficient Dwellings; Justice in Aging; Leahslegacy.org; Long Term Care Community Coalition; Mothers Against Medical Error; NALLTCO, National Association of Local Long Term Care Ombudsman; National Association of Consumer Advocates; National Association of Directors of Nursing Administration in Long Term Care; National Center for Health Research (NCHR); National Consumer Voice for Quality Long-Term Care; National Consumers League; National Disability Rights Network; National Education Association.

National Gerontological Nursing Association; National Medical Malpractice Advocacy Association; National Women's Health Network; Nursing Home Victim Coalition, Inc.; Our Mother's Voice; Patient Safety America; Public Citizen; Public Justice; Public Justice Center; Public Law Center; Quinolone Vigilance Foundation; The Empowered Patient Coalition; The Impact Fund; United Automobile, Aerospace and Agricultural Implement Workers of America International Union; United Spinal Association; Women's Institute for a Secure Retirement (WISER).

STATE GROUPS

Arkansas State Independent Living Council; California Advocates for Nursing Home Reform; Center for Advocacy for the Rights & Interests of the Elderly (PA); Chatham Advisory Committee for Long Term Care Adult Care Homes and Family Care Homes (NC); Citizen Action/Illinois; Connecticut Center for Patient Safety; Disability Rights Center of Kansas; Elder Justice Committee of Metro Justice of Rochester (NY); Friends of Residents in Long Term Care (NC); Greater Bos-

ton Legal Services, on behalf of our clients (MA); Idaho Federation of Families for Children's Mental Health; InterHab, Inc. (KS).

Iowa Statewide Independence Living Council (SILC); Kansas ADAPT; Kansas Advocates for Better Care; LTC Ombudsman Services of San Luis Obispo County (CA); Massachusetts Advocates for Nursing Home Reform; Michigan Long Term Care Ombudsman Program; Montana Independent Living Project, Inc.; NYPIRG; PULSE of Colorado; Residential Facilities Advisory Committee, State of Oregon; Rhode Island Long Term Care Ombudsman Office; Texas Watch; Voices for Quality Care (LTC) (MD & DC); Washington Advocates for Patient Safety; Washington Civil & Disability Advocate; WISE & Health Aging (CA).

Mr. POLIS. Some of the groups are the Gerontological Advanced Practice Nurses Association, Justice in Aging, Long Term Care Community Coalition, National Education Association, National Consumers League, National Disability Rights Network, Public Citizen, Public Justice, and many, many other great organizations.

I hope my friend from Colorado is a member of at least two or three of these wonderful organizations. I will furnish the entire list to him.

This bill preempts State tort law that has been developed over the last 200 years and is contrary to the 10th Amendment of our Constitution. It imposes an arbitrary cap on the amount of noneconomic damages a victim can collect under a Federal law coopting the ability of States to do their own medical malpractice laws and hamstringing them with regard to the reforms that they can undertake.

In fact, capping damages also increases taxpayer spending. According to a joint study by Northwestern University and the University of Illinois, they found that capping economic damages actually increases Medicare part B spending.

I would point out another horrible feature of the cruel Republican healthcare bill is that it guts the Medicare trust fund and would lead to Medicare becoming insolvent sooner rather than later by draining the Medicare trust fund of over \$100 billion. That is another aspect of this bill.

No wonder they didn't want us to see it, Mr. Speaker. No wonder they kept it in a locked closet from even Republicans who were allegedly writing it, like KEN BUCK and my friend, Senator GARDNER, who was on the committee writing it and who later said he hadn't seen it. No wonder it was hidden, when you find out it actually leads to Medicare insolvency sooner, when you find that it throws 22 million people off the insurance that they already have, when you find out it raises rates for those who are lucky enough to maintain their insurance, when you find it takes money out of our schools, when you find that it risks throwing our elderly out of their nursing homes who rely on Medicaid.

This bill is a symptom of a problem. I am not a doctor; my friend from Colorado is not a doctor; but when I ask my doctor what you do when there are

symptoms, it is treat the underlying cause.

Let's do that. This bill doesn't do that. This Republican Senate bill that throws people off insurance doesn't do that. Let's begin a process where we get ideas from Democrats and Republicans to work together to reduce costs in healthcare, to expand coverage in healthcare, and to improve the quality of healthcare for American families.

This bill is not focused on protecting patients. It increases the risk to patients. It drains Medicare of additional money. This bill will not reduce costs to patients. In fact, no healthcare bill being debated in Congress right now actually improves patient care or reduces costs to patients.

Those should be two pillars, two goals of healthcare reform: Can we reduce costs, and can we improve patient care?

This bill risks making patient care worse in an unconstitutional way. The Senate bill actually will increase costs to patients, increase deductibles, make more people lose their insurance, make you pay more for insurance you already have if you are one of the people who is lucky enough not to lose it under the cruel Republican bill.

Instead of politicizing and polarizing access to healthcare—literally a life-and-death issue for American families—let's work together to find solutions that reduce costs, increase coverage, and improve care. The Senate Republican healthcare bill meets none of those three critical criteria that the American people demand in healthcare reform: reducing costs, increasing coverage, and improving the quality of care for ourselves and for our loved ones.

Mr. Speaker, I reserve the balance of my time.

Mr. BUCK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I know my friend from Colorado did not mean to insult me when he referred to me as a lawyer, but I want to make a quick distinction.

I spent 25 years as a prosecutor, not a lawyer. Prosecutors put people in prison and make the world safe for all of us; lawyers get people out of prison and make the world less safe for all of us. I want to make that distinction.

Mr. POLIS. Will the gentleman yield?

Mr. BUCK. I yield to the gentleman from Colorado.

Mr. POLIS. Prosecutors are lawyers as well. So I just wanted to be clear that it is not an insult. Being an attorney is a fine profession. There are some attorneys on both sides, both defending as well prosecuting criminals, but they are both attorneys. I just wanted to clarify that.

Mr. BUCK. Reclaiming my time, do not tell prosecutors that they are merely lawyers. To be a prosecutor is a higher standard.

Mr. Speaker, I yield 5 minutes to the gentleman from Kansas (Mr. MARSHALL).

Mr. MARSHALL. Mr. Speaker, I thank the gentleman for yielding.

I am not an attorney either, Mr. Speaker. I am a physician. As a matter of fact, I am an obstetrician. I think, of all the professions impacted by malpractice issues, perhaps, Mr. Speaker, obstetricians have been the most impacted.

I remember going back as a medical student and trying to figure out what type of doctor I wanted to become. My wife and I were blessed somewhere in there to have our first child. I remember when that little girl was given to me and I heard her cry, it was maybe the greatest single moment of my life.

As a young medical student, I was very impressed and said: That is what I want to do. I want to bring babies into the world and have that moment when I get to give a baby to a mom and she looks at that baby and it is just a very special moment. It is just the most agape love I have ever seen, a mom with a perfect heart towards that little baby. I wanted to do that.

So I started telling my professors I wanted to be an obstetrician. Every professor I met said: Don't do it. You are going to get sued. Malpractice prices are screaming. You are not going to like that job anymore. No one wants to go into obstetrics.

Well, guess what? My professors were right. I did it anyway.

The average obstetrician gets sued between three and four times in their career. Malpractice remains the biggest deterrent of physicians choosing to go into obstetrics. The average obstetrician has to spend 2 to 3 months every year just to pay for their malpractice insurance.

I am very blessed. Over 20 years ago, Kansas undertook similar tort reform as this, and our malpractice costs have stabilized. My malpractice insurance was pretty much the same 20 years after we enacted the legislation to curb some of these costs.

I think it will be true for me to say that my friends that are obstetricians in other States without malpractice tort reform, their premiums are often three times higher than ours in Kansas. We have seen this work very, very well in Kansas. The good news is that this legislation will not impact any of that work as well.

I very much am in favor of this malpractice tort reform and how it is going to impact healthcare. I predict that this will help lower premium costs some 3 to 4 percent when enacted.

Malpractice is a huge cost of the current cost of healthcare. This is a first step of many that Republicans are encouraging or want to implement to start lowering those costs of premiums.

Small Business Association members were here in D.C. just 2 months ago. When they walked out of that meeting, I was expecting them to come back and tell me their concerns were mostly regulatory concerns, but their number one concern was the cost of healthcare premiums.

This is a small step. If we can lower their healthcare costs 3 to 4 percent, this is a great, great opportunity for us to help them out.

Mr. Speaker, I rise to support this bill. I encourage Members on both sides of the aisle to support this bill. It should be bipartisan support for this legislation that will help drive healthcare costs down.

Mr. POLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. MCEACHIN).

Mr. MCEACHIN. Mr. Speaker, I thank the gentleman from Colorado for yielding.

Mr. Speaker, I think a couple of points, before I get to the main portion of my remarks, that the manager of the bill threw out need to be addressed.

First of all, my wife is a prosecutor. I like prosecutors, but they are lawyers. I was a trial lawyer until December 31 of last year. Guess what? We sue drunk drivers. We sue for people who get hurt when it is not their own fault. I come from a State where contributory negligence is the law. So I appreciate the reverence you hold prosecutors in—I do, as well—but we are all lawyers.

I also want to point out that, while there may be people on the floor who are not lawyers, you can't honestly believe this bill gives you equal access to justice, and here is why: You have a cap on noneconomic damages. So a person who is injured by a doctor and a person who receives the exact same injuries from some other tort have two different recoveries that they can reach. One is capped; one is not. That is not equal justice, in my judgment, under the law.

In addition, you all are the pro-business party, yet you all want to get into how people contract with one another. I would suggest that is inconsistent with your pro-business approach.

Mr. Speaker, what this bill really underlies is a fundamental mistrust for our constituents. Think about it. Juries are made up of our constituents. What you are really worried about is that your constituents are not going to get it right when they are sitting in that jury box and making decisions.

Your constituents are wise enough to send me and 435 of us here to the Congress to make decisions about trillion-dollar budgets, yet you don't trust them to sit in the jury box and make the very important decisions for their fellow citizens when they are injured.

Mr. Speaker, I want to suggest that this bill clearly violates the spirit of the Seventh Amendment, the right to trial by jury, by putting these limitations on the jury, by putting limitations on access to justice.

The SPEAKER pro tempore. The gentleman is reminded that Members are to direct all remarks to the Chair.

Mr. BUCK. Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

I was glad my colleague pointed out that it violates the Seventh Amendment. Now we add that to the 10th

Amendment. So there are actually two Amendments. I am not even an attorney, but I know this violates two Amendments to our Constitution. That is pretty impressive for one bill.

Mr. Speaker, I yield 2 minutes to gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in strong opposition to H.R. 1215.

My Republican colleagues seem to have a fixation with caps. In their healthcare bill, they slash Medicaid and, for the first time in its history, cap Federal funding. The result: hospital closures, reimbursement and staffing cuts, reduced access, and lower quality. Now, in this bill, they want to impose another cap, a cap on non-economic damages for injured healthcare consumers.

So who will be hurt?

It will be people like the 76-year-old woman whose tailbone had to be removed because her bed sores went untreated for 12 days or an 81-year-old resident who died because her ventilator was dislodged, alarms sounded, and no one responded.

How about the family of a 92-year-old man who died after suffering from malnutrition and dehydration and was found with live insects in his eyes and mouth?

How do we put a \$250,000 value on those injured?

Besides, this is a solution looking for a problem. There is no medical malpractice lawsuit crisis. Between 2000 and 2015, the number of claims dropped more than 40 percent and the amount paid fell 23 percent.

But we do face a medical crisis. Nearly half a million Americans die every year from preventable medical errors, and many more are permanently injured. This bill does nothing to solve that problem. Instead, it just takes away the right of the injured consumers.

□ 1300

And if you believe that average Americans should not be barred from the justice system as they seek to hold wrongdoers accountable, then you must oppose this bill.

Mr. BUCK. Mr. Speaker, I just want to make one point.

I have heard a number of times now that this bill is a solution searching for a problem or it does nothing to help our underlying cost.

The Congressional Budget Office, the very office that my friend relies on for the most recent estimate of those that will decide not to seek insurance under the Senate healthcare bill, has estimated that this bill will save taxpayers \$50 billion over 10 years and reduce medical malpractice insurance premiums by 25 percent to 30 percent.

Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

I would like to inquire of my friend from Colorado whether recognizing those savings is in fact a Federal responsibility or a State responsibility.

I yield to the gentleman from Colorado.

Mr. BUCK. Mr. Speaker, I will remind my friend from Colorado that the very \$250,000 cap that we are talking about in this bill is the same cap that has been adopted by the Colorado State Legislature.

Mr. POLIS. Mr. Speaker, exactly. What I would further add, then, is whose prerogative is it to institute this kind of cap: States like our own State of Colorado, which has that cap? Or Washington, D.C. insiders behind closed doors?

I yield to the gentleman from Colorado.

Mr. BUCK. Mr. Speaker, I would remind my friend again that the States that have adopted any cap—it could be \$250,000, it could be \$500,000, it could be \$1 million in non-economic damage caps—will not be affected by this bill. This bill only affects those States that have no caps, and it is Federal money that is being used to pay for these.

Mr. POLIS. Mr. Speaker, reclaiming my time, this effectively co-ops States and forces other States to do the same thing that my colleague's and my State of Colorado has already done. It goes beyond that as well. Under the 10th Amendment of the Constitution, this should be a power reserved for the States.

Mr. Speaker, I would like to shed light on a serious issue facing millions of students nationally and in my home State of Colorado. Every day, 50 million students and 3 million teachers face significant health and safety threats due to inadequate school facilities. I have heard about many in Colorado, school gyms that are closed down because their roofs are falling in, staggering statistics that disproportionately affect high-poverty schools, particularly urban and rural schools, and many schools serving a high percentage of minority students.

Today we have a chance to address this rampant inequality throughout our school districts and to create jobs in the process.

If we defeat the previous question, I will offer an amendment to the rule to bring up Representative BOBBY SCOTT's Rebuild America's Schools Act, H.R. 2475, which I am also a proud co-sponsor of. Mr. SCOTT's legislation would invest \$100 billion in the physical and digital infrastructure needs of our schools, creating nearly 2 million jobs and creating the education infrastructure we need for the 21st century.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

The SPEAKER pro tempore (Mr. DONOVAN). Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 4 minutes to the gentleman from Virginia (Mr. SCOTT), the distinguished ranking member of the Education and the Workforce Committee, to discuss our proposal.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentleman from Colorado (Mr. POLIS) for proposing this amendment.

The Rebuild America's Schools Act would help ensure that each of our Nation's 50 million public school students, taught by 3 million teachers, will have access to safe, healthy, and high-quality learning facilities and internet access sufficient for digital learning in the classroom.

This bold proposal would create nearly 2 million jobs, improve student learning, and revitalize under-resourced communities.

The Rebuild America's Schools Act is a win for students, families, workers, and the economy; and any responsible infrastructure proposal put forth by Congress should include a bold investment in our Nation's public schools.

Mr. Speaker, this bill was introduced on the 63rd anniversary of Brown v. Board of Education because, despite the promise of Brown, our public school facilities remain largely separate and woefully unequal.

Last year, on the 62nd anniversary of Brown, Ranking Member CONYERS and I unveiled the findings of a GAO report that found that more students are attending schools highly segregated by race and class.

Now, that most recent GAO report examining the state of our public schools' infrastructure saw that low-income and minority students are served by poor and inadequate school facilities.

If we are to fully achieve the promise of Brown, then no child should remain in a classroom with a leaking roof or a broken heating system. All students should have equitable access to science labs or spaces for high-quality career and technical educational programs.

Mr. Speaker, 12 States do not invest any money in capital construction projects in public schools, leaving responsibility of ensuring high-quality classrooms up to localities and local property taxes, which virtually guarantees inequitable funding between high- and low-income districts.

This bill targets Federal funding for school infrastructure to districts and school buildings with the greatest need for improvement to their physical and digital infrastructure, which would be an important step in fulfilling the promise of Brown.

All too often, when Congress talks about infrastructure investment, we speak only about investments in roads, bridges, and other public buildings. Public schools are often left out of the conversation, but schools must be part of that conversation on infrastructure.

The Rebuild America's Schools Act will ensure safe drinking water in schools, prevent instructional materials like textbooks from being ruined

as a result of broken heating and air-conditioning systems, and improve air quality that students breathe in the schools. It will bring access to digital learning for more than 11 million students in nearly 20,000 schools who do not already have it. Finally, the bill would mean high-quality jobs for nearly 2 million pipefitters, construction workers, and other hardworking Americans.

Mr. Speaker, I urge Members to defeat the previous question so we can debate and pass the Rebuild America's Schools Act. We owe it to America's students and hardworking families.

Mr. BUCK. Mr. Speaker, I want to inquire of my friend from Colorado, he mentioned when he was introducing the gentleman from Virginia that there are schools that are closing because gym roofs are falling in. I know a number of very generous individuals that would like to contribute.

Does the gentleman from Colorado (Mr. POLIS) have the names of any of those schools for us?

I yield to the gentleman.

Mr. POLIS. Mr. Speaker, I will be happy to supply those. To be clear, the entire school doesn't close, just the gym closes.

Mr. BUCK. Mr. Speaker, I have no further speakers.

Mr. POLIS. Mr. Speaker, I do have further speakers.

Mr. BUCK. Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield 2 minutes to the gentleman from Nevada (Mr. KIHUEN).

Mr. KIHUEN. Mr. Speaker, I rise today in support of the Rebuilding America's Schools Act. Every day, students attend schools that put their health and safety at risk. The average school building is nearly 50 years old, and teachers and children struggle to learn in classrooms without heat, leaking ceilings, and no working internet.

Mr. Speaker, our children deserve better. Research shows that poor school facility conditions impact teaching and learning, and disproportionately plague schools that serve low-income and minority students all throughout America. Regardless of their ZIP Code, all children should have access to a quality education, and no child should have to learn in an unsafe or dilapidated environment.

The Rebuilding America's Schools Act would provide critically needed investments in Las Vegas and rural Nevada to improve our school infrastructure, helping teachers teach and children learn.

President Trump has repeatedly promised to rebuild our Nation's infrastructure. Passing the Rebuilding America's Schools Act would be the first step in making this happen. We must make an investment in our future generation to guarantee their shot at success.

Mr. Speaker, I urge my colleagues to support this piece of legislation.

Mr. BUCK. Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, when we think about healthcare, we all think about, of course, first and foremost, ourselves and our loved ones and our families. As Representatives of 750,000 people, we also think about constituents that we know, that we have met, for whom healthcare is literally a life-and-death situation.

I think of my friend Debbie and her son Sam. Debbie's son Sam was diagnosed with type 1 diabetes when he was 4 years old. He is now 20 or 21 or so. He was a healthy kid, he ate healthy food, an active young child. As Debbie pointed out to me, it is not that anybody chooses an illness or a condition, the illness chooses you. Through the luck of the draw, her son Sam is afflicted with type 1 diabetes. Like many people with autoimmune diseases, it was not poor choices, it was not lifestyle decisions that gave him the disease or even increased his risk of the disease. He was dealt a bad hand with an autoimmune gene that his family didn't even know that they had.

Because of that, Sam has a costly disease. Thankfully, one that can be treated, if not cured, but he has a costly disease for the rest of his life. There is no cure, and the cost of insulin and other lifesaving technologies is very high.

Sam has what here in Washington people call a preexisting condition. That is what we are talking about. Without insurance, the cost per month would go from about \$400, which Debbie and her husband are able to afford and put together for Sam, to \$2,500 a month, which they could not possibly afford to do.

Sam is now 20, and because of the Affordable Care Act, he will be on the family's health insurance until he is 26. That is, if the family can keep their health insurance. The family worries, like so many others, that they might be one of those 22 million families that loses coverage under this Republican healthcare bill. It is a lot of families.

It is not going to be any of my colleagues' families. My colleagues have a government health insurance plan from serving in the House of Representatives. Their congressional staff has access to the exchanges, just like we do, to buy insurance. But 22 million people in each and every one of our districts, 435 districts in this country, in each and every one of our districts, not dozens of people, not hundreds of people, but thousands of real people like Deb and Sam, like a story I shared earlier of Marcia and Grace, will actually lose their healthcare. They will be forced to give up their home, become insolvent, go bankrupt, or die. A choice that no American should have to face.

Mr. Speaker, the bill under consideration today is one of many that didn't go through regular order. There were no hearings. Closed process. They cut out all the Democratic amendments that we had to improve the bill. That is

how the Republicans have been handling healthcare legislation this Congress. That is why this approach isn't working. It is why this approach is so unpopular. No hearings, shut Members out of the legislative process, bring a bill to the floor that was hidden in some closet, written in secret, widely unpopular, throwing people off healthcare insurance, raising rates for those who are luckily enough to keep their insurance.

This bill is not aimed at protecting patients. This bill before us and the Senate Republican healthcare bill make it more difficult for Americans to deal with real-life healthcare issues that were dealt over the course of life for ourselves and our families.

We need a reset, Mr. Speaker. We need to reset and start real discussions about improving healthcare.

How could Democrats or Republicans work together to reduce costs?

Democrats and Republicans should work together to expand coverage. We shouldn't be talking about whether 22 million people lose coverage or 10 million people lose coverage or 5 million people lose coverage. Let's talk about 5 million people gaining coverage, 10 million people gaining coverage. Let's reset and frame the discussion about how more people can have access to healthcare.

The problem we are trying to solve is not how can we get less Americans to have access to healthcare. That is why this bill is so unpopular. If that is the problem Republicans are trying to solve, they solved it in this bill. Less Americans will have healthcare. But that is not the problem that the American people want us to address in Congress.

More people with healthcare, and people want to save money. They want their insurance rates to be lower, their deductibles to be lower. They want to save money. There are some low-hanging fruit in terms of costs in healthcare, administrative overhead, wasteful and duplicative spending, that we can go after together. These are good ideas, whether you are a Democrat or a Republican.

One of the amendments that I proposed was pricing transparency. One of the problems in the healthcare marketplace is nobody knows how much anybody charges. Different insurers and private payers pay widely different amounts for the exact same procedure. Let's at least disclose the pricing and have transparency so market mechanisms will work to pull down rates by promoting competition.

□ 1315

By not allowing the market into healthcare, we are creating inefficiencies and raising rates. Let's come together on that. Let's come together around a lot of good ideas that Democrats and Republicans have bills on and have amendments on. But, no, they are not even allowed to be debated and not even allowed to be voted on either on

this bill, in which every Democratic amendment was shut down, or in the Republican healthcare bill, in which no process was allowed for Democrats to improve the bill.

We have never even been invited into the secret backroom to figure out what was being debated. We didn't even see the bill until it was presented fully formed days before it had to be voted on, affecting the lives of 22 million Americans, one-eighth of our entire economy, without any hearings, without any expert testimony, and only days to digest this hundred-page bill.

So look, let's reset, let's work together to bring down costs, expanding coverage and improving quality, and create a work product in healthcare reform that we can be proud of as Republicans, as Democrats, and as Americans; one in which Debbie and her son, Sam, don't have to worry about giving up their home or facing death; or one in which Grace and her mother are able to live out their lives without worrying about their preexisting condition.

Mr. Speaker, I call upon my colleagues to reject this closed rule, and I yield back the balance of my time.

Mr. BUCK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I appreciate my friend's newfound sense of bipartisanship. The Affordable Care Act was passed without a single Republican vote in the House, without a single Republican vote in the Senate, and without any concern of Republican thoughts about how healthcare should be run in this country. Now that the Affordable Care Act is, in fact, failing; now that we have over 90 counties in America that have zero health insurers to choose from in the individual market; and now that we see the Affordable Care Act in a death spiral, all of a sudden, we are concerned about the bipartisanship and how to fix the problem.

We have heard zero amendments in the past 6 years to the Affordable Care Act that would have, in fact, improved the Affordable Care Act from the other side of the aisle while they had the President in the White House, and now, all of a sudden, we are looking for bipartisanship and solutions. We will find that bipartisanship and those solutions in the future.

Mr. Speaker, if we truly want affordable healthcare in this country, then we need to address the cost of supplying care. H.R. 1215 strikes at the heart of skyrocketing medical care. By limiting frivolous and unending lawsuits, doctors can focus less on the courtroom and more on the patient in the operating room.

The reforms made by H.R. 1215 will be especially important for rural America and underserved urban America. Doctors will be able to afford to live and practice in these communities, providing the attentive and responsive care that all Americans deserve, not just Americans who live a few miles from a major hospital.

I encourage my colleagues on both sides of the aisle to support this legis-

lation. I know Democrats and Republicans have different policy approaches to reforming our healthcare system, but this legislation has already been implemented by Democrats in the State of California, where it has proven successful. Now we have the chance to apply this approach more broadly, in a way that will help millions of Americans. This effort has been bipartisan in the past and should be bipartisan today.

Mr. Speaker, I thank the sponsor of this bill, Representative STEVE KING.

Mr. Speaker, I urge a "yes" vote on the resolution, and I urge a "yes" vote on the underlying bill.

Ms. JACKSON LEE. Mr. Speaker, I rise in opposition to the rule governing debate of H.R. 1215, the "Protecting Access to Care Act of 2017" and the underlying bill.

I oppose the rule for H.R. 1215, the "Protecting Access to Care Act of 2017" for the following reasons:

There were twenty-five amendments proposed by colleagues from both sides of the aisle.

Only five of those amendments were made in order.

What did all five of those amendments have in common?

These amendments were all submitted by my Republican counterparts.

The rule for this bill incorporates none of the amendments offered by my Democratic colleagues.

Mr. Speaker, that exclusion is problematic.

The amendments not made in order reflect the crippling partisanship of the House majority.

I also oppose the underlying bill on the merits, because it limits noneconomic damages to a mere \$250,000, which if enacted, would have a disproportionately adverse impact on women, the poor, and other vulnerable groups.

When given the opportunity, members refused to incorporate an amendment that would increase that cap to reflect the cost of inflation and a concern for the humane treatment of those individuals affected by medical malpractice.

H.R. 1215 provides immunity for health care providers who dispense defective or dangerous pharmaceuticals or medical devices.

Finally, I oppose the bill, because it creates an excessively short statute of limitations period, makes it harder for victims to obtain adequate legal representation, and imposes the risk of loss on victims rather than wrongdoers.

Mr. Speaker, there are numerous examples of people who have suffered at the hands of medical providers and whose lives will never be the same.

Consider the case of Olivia, an exceptionally bright high school senior from Santa Monica, California, who had gained early acceptance to Smith College in Massachusetts.

She never made it to Smith College, because after a medical procedure was completed and while Olivia was still under anesthesia, a fellow-in-training pulled the catheter causing Olivia's vital signs to plummet.

Hospital staff waited more than ten minutes to resuscitate her, but it was far too late for Olivia.

She passed away, and her promising future disappeared.

This tragedy never should have happened.

Mr. Speaker, instead of wasting time on this giveaway to special interests, we should be improving the Affordable Care Act, and opposing any bill that would leave over twenty million Americans uninsured, and investigating Russian involvement in our democratic processes.

For these reasons, I oppose the rule and the underlying bill.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 382 OFFERED BY
MR. POLIS

At the end of the resolution, add the following new sections:

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2475) to provide for the long-term improvement of public school facilities, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 2475.

THE VOTE ON THE PREVIOUS QUESTION: WHAT
IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's *Precedents of the House of Representatives* (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to

yield to him for an amendment, is entitled to the first recognition.”

The Republican majority may say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here’s how the Republicans describe the previous question vote in their own manual: “Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.”

In Deschler’s Procedure in the U.S. House of Representatives, the subchapter titled “Amending Special Rules” states: “a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.” (Chapter 21, section 21.2) Section 21.3 continues: “Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.”

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority’s agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BUCK. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on:

Adopting the resolution, if ordered; and

Agreeing to the Speaker’s approval of the Journal.

The vote was taken by electronic device, and there were—yeas 234, nays 184, not voting 15, as follows:

[Roll No. 325]

YEAS—234

Abraham	Barletta	Blackburn
Aderholt	Barr	Blum
Allen	Barton	Bost
Amash	Bergman	Brady (TX)
Amodel	Biggs	Brat
Arrington	Bilirakis	Bridenstine
Babin	Bishop (MI)	Brooks (AL)
Bacon	Bishop (UT)	Brooks (IN)
Banks (IN)	Black	Buchanan

Buck	Hill	Poe (TX)
Bucshon	Holding	Poliquin
Budd	Hollingsworth	Posey
Burgess	Hudson	Ratcliffe
Byrne	Huizenga	Reed
Calvert	Hultgren	Reichert
Carter (GA)	Hunter	Rice (SC)
Carter (TX)	Hurd	Roby
Chabot	Issa	Roe (TN)
Chaffetz	Jenkins (KS)	Rogers (AL)
Cheney	Jenkins (WV)	Rogers (KY)
Coffman	Johnson (LA)	Rohrabacher
Cole	Johnson (OH)	Rokita
Collins (GA)	Johnson, Sam	Rooney, Francis
Collins (NY)	Jones	Rooney, Thomas J.
Comer	Jordan	Ros-Lehtinen
Comstock	Joyce (OH)	Roskam
Conaway	Katko	Ross
Cook	Kelly (MS)	Rothfus
Costello (PA)	Kelly (PA)	Rouzer
Cramer	King (IA)	Royce (CA)
Crawford	King (NY)	Russell
Culberson	Kinzinger	Rutherford
Curbelo (FL)	Knight	Sanford
Davidson	Kustoff (TN)	Schweikert
Davis, Rodney	Labrador	Scott, Austin
Denham	LaHood	Sensenbrenner
Dent	LaMalfa	Sessions
DeSantis	Lamborn	Shimkus
DesJarlais	Lance	Shuster
Diaz-Balart	Latta	Simpson
Donovan	Lewis (MN)	Smith (MO)
Duffy	LoBiondo	Loudermilk
Duncan (SC)	Love	Smith (NE)
Duncan (TN)	Lucas	Smith (NJ)
Dunn	Luetkemeyer	Smith (TX)
Emmer	MacArthur	Smucker
Estes (KS)	Marchant	Stefanik
Farenthold	Marino	Stewart
Faso	Marshall	Taylor
Ferguson	Massie	Tenney
Fitzpatrick	Mast	Thompson (PA)
Fleischmann	McCarthy	Thornberry
Fortenberry	McCaul	Tiberi
Fox	McClintock	Tipton
Franks (AZ)	McHenry	Trott
Frelinghuysen	McKinley	Turner
Gaetz	McMorris	Upton
Gallagher	Rodgers	Valadao
Garrett	McSally	Wagner
Gianforte	Meadows	Walberg
Gibbs	Meehan	Walden
Gohmert	Messer	Walker
Goodlatte	Mitchell	Walorski
Gosar	Moolenaar	Walters, Mimi
Gowdy	Mooney (WV)	Weber (TX)
Graves (GA)	Mullin	Webster (FL)
Graves (LA)	Murphy (PA)	Wenstrup
Graves (MO)	Newhouse	Westerman
Griffith	Noem	Williams
Grothman	Norman	Wilson (SC)
Guthrie	Nunes	Wittman
Handel	Olson	Womack
Harper	Palazzo	Woodall
Harris	Palmer	Yoder
Hartzler	Paulsen	Yoho
Hensarling	Pearce	Young (AK)
Herrera Beutler	Perry	Young (IA)
Hice, Jody B.	Pittenger	Zeldin
Higgins (LA)		

NAYS—184

Adams	Clark (MA)	Doyle, Michael F.
Aguilar	Clarke (NY)	Ellison
Barragán	Clay	Engel
Bass	Cleaver	Eshoo
Beatty	Clyburn	Espallat
Bera	Cohen	Esty (CT)
Beyer	Connolly	Evans
Bishop (GA)	Conyers	Foster
Blumenauer	Cooper	Frankel (FL)
Blunt Rochester	Correa	Fudge
Bonamici	Costa	Gabbard
Boyle, Brendan F.	Courtney	Galleo
Brady (PA)	Crist	Garamendi
Brown (MD)	Crowley	Gonzalez (TX)
Brownley (CA)	Cuellar	Gottheimer
Bustos	Davis (CA)	Green, Al
Butterfield	Davis, Danny	Green, Gene
Capuano	DeFazio	Grijalva
Carson (IN)	DeGette	Gutiérrez
Cartwright	Delaney	Hanabusa
Castor (FL)	DelBene	Hastings
Castro (TX)	Demings	Heck
Chu, Judy	DeSaunier	Higgins (NY)
Cielline	Deutsch	Himes
	Dingell	Hoyer
	Doggett	Huffman

Jackson Lee	McEachin	Schiff
Jeffries	McGovern	Schneider
Johnson (GA)	McNerney	Schrader
Johnson, E. B.	Meeks	Scott (VA)
Kaptur	Meng	Scott, David
Keating	Moore	Serrano
Kelly (IL)	Moulton	Shea-Porter
Kennedy	Murphy (FL)	Sherman
Khanna	Nadler	Sinema
Kihuen	Nolan	Sires
Kildee	Norcross	Slaughter
Kilmer	O'Rourke	Smith (WA)
Kind	Pallone	Soto
Krishnamoorthi	Panetta	Speier
Kuster (NH)	Pascarell	Suozi
Langevin	Payne	Swalwell (CA)
Larsen (WA)	Pelosi	Takano
Larson (CT)	Perlmutter	Thompson (CA)
Lawrence	Peters	Thompson (MS)
Lawson (FL)	Peterson	Titus
Lee	Pingree	Tonko
Levin	Pocan	Torres
Lewis (GA)	Polis	Tsongas
Lieu, Ted	Price (NC)	Vargas
Lipinski	Quigley	Veasey
Lofgren	Raskin	Vela
Lowenthal	Rice (NY)	Velázquez
Lowe	Richmond	Visclosky
Lujan Grisham,	Rosen	Walz
M.	Roybal-Allard	Wasserman
Lujan, Ben Ray	Ruiz	Schultz
Lynch	Ruppersberger	Waters, Maxine
Maloney,	Rush	Watson Coleman
Carolyn B.	Ryan (OH)	Welch
Maloney, Sean	Sánchez	Wilson (FL)
Matsui	Sarbanes	
McCollum	Schakowsky	

NOT VOTING—15

Cummings	Loebach	Renacci
DeLauro	Long	Scalise
Flores	Napolitano	Sewell (AL)
Granger	Neal	Stivers
Jayapal	O'Halleran	Yarmuth

□ 1340

Ms. KUSTER of New Hampshire, Messrs. VELA, and BISHOP of Georgia changed their vote from “yea” to “nay.”

So the previous question was ordered. The result of the vote was announced as above recorded.

Stated against:

Ms. SEWELL of Alabama. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 325.

Ms. JAYAPAL. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 325.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 235, noes 186, not voting 12, as follows:

[Roll No. 326]

AYES—235

Abraham	Bergman	Brooks (AL)
Aderholt	Biggs	Brooks (IN)
Allen	Bilirakis	Buchanan
Amash	Bishop (MI)	Buck
Amodel	Bishop (UT)	Bucshon
Arrington	Black	Budd
Babin	Blackburn	Burgess
Bacon	Blum	Byrne
Banks (IN)	Bost	Calvert
Barletta	Brady (TX)	Carter (GA)
Barr	Brat	Carter (TX)
Barton	Bridenstine	Chabot

Chaffetz	Hultgren	Posey	Kildee	Moulton	Scott (VA)	Bucshon	Hartzler	Palmer
Cheney	Hunter	Ratcliffe	Kilmer	Murphy (FL)	Scott, David	Budd	Heck	Panetta
Coffman	Hurd	Reed	Kind	Nadler	Serrano	Bustos	Hensarling	Pascarell
Cole	Issa	Reichert	Krishnamoorthi	Nolan	Sewell (AL)	Butterfield	Higgins (LA)	Perlmutter
Collins (GA)	Jenkins (KS)	Rice (SC)	Kuster (NH)	Norcross	Shea-Porter	Byrne	Higgins (NY)	Pingree
Collins (NY)	Jenkins (WV)	Roby	Langevin	O'Halloran	Sherman	Calvert	Hill	Pocan
Comer	Johnson (LA)	Roe (TN)	Larson (WA)	O'Rourke	Sinema	Carter (TX)	Himes	Poliquin
Comstock	Johnson (OH)	Rogers (AL)	Larson (CT)	Pallone	Sires	Cartwright	Hollingsworth	Polis
Conaway	Johnson, Sam	Rogers (KY)	Lawrence	Panetta	Slaughter	Castro (TX)	Huffman	Posey
Cook	Jones	Rohrabacher	Lawson (FL)	Pascarell	Smith (WA)	Chabot	Hultgren	Quigley
Costello (PA)	Jordan	Rokita	Lee	Payne	Soto	Chaffetz	Jeffries	Rice (SC)
Cramer	Joyce (OH)	Rooney, Francis	Levin	Perlmutter	Speier	Cheney	Johnson (GA)	Roby
Crawford	Katko	Rooney, Thomas J.	Lewis (GA)	Peters	Suozi	Chu, Judy	Johnson (LA)	Rogers (KY)
Culberson	Kelly (MS)	Ros-Lehtinen	Lieu, Ted	Peterson	Swalwell (CA)	Cicilline	Johnson, E. B.	Rohrabacher
Curbelo (FL)	Kelly (PA)	Roskam	Lipinski	Pingree	Takano	Clark (MA)	Johnson, Sam	Rooney, Francis
Davidson	King (IA)	Ross	Loebach	Pocan	Thompson (CA)	Clay	Jones	Rooney, Thomas J.
Davis, Rodney	King (NY)	Rothfus	Lofgren	Polis	Thompson (MS)	Cleaver	Kaptur	Ross
Denham	Kinzie	Lowenthal	Price (NC)	Quigley	Titus	Clyburn	Kelly (MS)	Rothfus
Dent	Knight	Rouzer	Lowey	Raskin	Tonko	Cole	Kelly (PA)	Ross
DeSantis	Kustoff (TN)	Royce (CA)	Lujan Grisham, M.	Rice (NY)	Torres	Collins (NY)	Kennedy	Rothfus
DesJarlais	Labrador	Russell	Luján, Ben Ray	Richmond	Tsongas	Comstock	Kildee	Royce (CA)
Diaz-Balart	LaHood	Rutherford	Lynch	Rosen	Vargas	Cook	King (IA)	Ruppersberger
Donovan	LaMalfa	Sanford	Maloney, Carolyn B.	Roybal-Allard	Veasey	Cooper	King (NY)	Rush
Duffy	Lamborn	Schweikert	Maloney, Sean	Ruiz	Velázquez	Courtney	Knight	Russell
Duncan (SC)	Lance	Scott, Austin	Matsui	Rush	Visclosky	Cramer	Krishnamoorthi	Schneider
Duncan (TN)	Latta	Sensenbrenner	McCollum	Ryan (OH)	Walz	Crawford	Kuster (NH)	Schweikert
Dunn	Lewis (MN)	Sessions	McEachin	Sánchez	Wasserman	Cuellar	Scott (VA)	Scott (VA)
Emmer	LoBiondo	Shimkus	McGovern	Sarbanes	Schultz	Culberson	Labrador	Scott, Austin
Estes (KS)	Loudermilk	Shuster	McNerney	Schakowsky	Waters, Maxine	Davidson	LaMalfa	Scott, David
Farenthold	Love	Simpson	Meeks	Schiff	Watson Coleman	Davis (CA)	Lamborn	Sensenbrenner
Faso	Lucas	Smith (MO)	Meng	Schrader	Welch	Larsen (WA)	Larsen (WA)	Serrano
Ferguson	Luetkemeyer	Smith (NE)	Moore		Wilson (FL)	Larson (CT)	Larson (CT)	Shea-Porter
Fitzpatrick	MacArthur	Smith (NJ)			Yarmuth	Latta	Latta	Sherman
Fleischmann	Marchant	Smith (TX)				Lewis (MN)	Lewis (MN)	Shimkus
Flores	Marino	Smucker				Lipinski	Lipinski	Shuster
Fortenberry	Marshall	Stefanik				Long	Long	Simpson
Fox	Massie	Stewart				Long	Long	Sinema
Franks (AZ)	Mast	Taylor				Long	Long	Smith (NE)
Frelinghuysen	McCarthy	Tenney				Long	Long	Smith (NJ)
Gaetz	McCaul	Thompson (PA)				Long	Long	Smith (TX)
Gallagher	McClintock	Thornberry				Long	Long	Smith (WA)
Garrett	McHenry	Tiberi				Long	Long	Smucker
Gianforte	McKinley	Tipton				Long	Long	Soto
Gibbs	McMorris	Trott				Long	Long	Speier
Gohmert	Rodgers	Turner				Long	Long	Stefanik
Goodlatte	McSally	Upton				Long	Long	Stewart
Gosar	Meadows	Valadao				Long	Long	Suozi
Gowdy	Meehan	Wagner				Long	Long	Takano
Granger	Messer	Walberg				Long	Long	Taylor
Graves (GA)	Mitchell	Walden				Long	Long	Thornberry
Graves (LA)	Moolenaar	Walker				Long	Long	Tiberi
Graves (MO)	Mooney (WV)	Walorski				Long	Long	Titus
Griffith	Mullin	Walters, Mimi				Long	Long	Torres
Grothman	Murphy (PA)	Weber (TX)				Long	Long	Trott
Guthrie	Newhouse	Webster (FL)				Long	Long	Tsongas
Handel	Noem	Wenstrup				Long	Long	Wagner
Harper	Norman	Westerman				Long	Long	Walker
Harris	Nunes	Williams				Long	Long	Walorski
Hartzler	Olson	Wilson (SC)				Long	Long	Walters, Mimi
Hensarling	Palazzo	Wittman				Long	Long	Walz
Herrera Beutler	Palmer	Womack				Long	Long	Wasserman
Higgins (LA)	Paulsen	Woodall				Long	Long	Schultz
Hill	Pearce	Yoder				Long	Long	Webster (FL)
Holding	Perry	Yoho				Long	Long	Welch
Hollingsworth	Pittenger	Young (AK)				Long	Long	Wenstrup
Hudson	Poe (TX)	Young (IA)				Long	Long	Westerman
Huizenga	Poliquin	Zeldin				Long	Long	Williams

NOES—186

Adams	Cleaver	Evans
Aguilar	Clyburn	Poster
Barragán	Cohen	Frankel (FL)
Bass	Connolly	Fudge
Beatty	Conyers	Gabbard
Bera	Cooper	Gallo
Beyer	Correa	Garamendi
Bishop (GA)	Costa	Gonzalez (TX)
Blumenauer	Courtney	Gottheimer
Blunt Rochester	Crist	Green, Al
Bonamici	Crowley	Green, Gene
Boyle, Brendan F.	Cuellar	Grijalva
Brady (PA)	Davis (CA)	Gutiérrez
Brown (MD)	Davis, Danny	Hanabusa
Brownley (CA)	DeFazio	Hastings
Bustos	DeGette	Heck
Butterfield	Delaney	Higgins (NY)
Capuano	DelBene	Hoyer
Carbajal	Demings	Huffman
Cárdenas	DeSaulnier	Jackson Lee
Carson (IN)	Deutch	Jayapal
Cartwright	Dingell	Jeffries
Castor (FL)	Doggett	Johnson (GA)
Castro (TX)	Doyle, Michael F.	Johnson, E. B.
Chu, Judy	Ellison	Kaptur
Cicilline	Engel	Keating
Clark (MA)	Eshoo	Kelly (IL)
Clarke (NY)	Españat	Kennedy
Clay	Esty (CT)	Khanna
		Kihuen

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mrs. NAPOLITANO. Mr. Speaker, I was absent during rollcall votes No. 323, No. 324, No. 325, and No. 326 due to my spouse's health situation in California. Had I been present, I would have voted "yea" on H.R. 2547—Veterans Expanded Trucking Opportunities Act of 2017. I would have also voted "yea" on H.R. 2258—ADVANCE Act. I would have also voted "nay" on the Motion on Ordering the Previous Question on the Rule providing for consideration of H.R. 1215. I would have also voted "nay" on H. Res. 382—Rule providing for consideration of H.R. 1215—Protecting Access to Care Act of 2017.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 238, nays 178, answered "present" 2, not voting 15, as follows:

[Roll No. 327]

YEAS—238

Abraham	Banks (IN)	Bonamici
Adams	Barletta	Brady (TX)
Aderholt	Barton	Brat
Allen	Bergman	Bridenstine
Amodei	Bilirakis	Brooks (AL)
Arrington	Bishop (UT)	Brooks (IN)
Babin	Blumenauer	Brown (MD)
Bacon	Blunt Rochester	Buchanan

NAYS—178

Aguilar	Castor (FL)	Españat
Amash	Clarke (NY)	Esty (CT)
Barr	Coffman	Evans
Barragán	Cohen	Faso
Bass	Collins (GA)	Fitzpatrick
Beatty	Comer	Flores
Bera	Conaway	Fox
Beyer	Connolly	Franks (AZ)
Biggs	Conyers	Fudge
Bishop (GA)	Correa	Gaetz
Bishop (MI)	Costa	Gallagher
Blackburn	Costello (PA)	Garrett
Blum	Crist	Gibbs
Bost	Crowley	Graves (GA)
Boyle, Brendan F.	Curbelo (FL)	Graves (LA)
Brady (PA)	Davis, Rodney	Graves (MO)
Brownley (CA)	DeFazio	Green, Gene
Buck	Delaney	Grijalva
Capuano	Denham	Gutiérrez
Carbajal	DeSantis	Hastings
Cárdenas	Diaz-Balart	Herrera Beutler
Carson (IN)	Doyle, Michael F.	Hice, Jody B.
Carter (GA)	Emmer	Holding
		Hoyer